

DEPARTMENT OF BENEFIT PAYMENTS
744 "P" Street, Sacramento, CA 95814

July 7, 1976

ALL-COUNTY LETTER NO. 76-93

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY DISTRICT ATTORNEYS
ALL COUNTY AUDITORS
ALL COUNTY WELFARE FISCAL SUPERVISORS
ALL COUNTY ADMINISTRATIVE SERVICE OFFICERS

SUBJECT: REVISED CS 800 (7/76), SUMMARY REPORT OF CHILD SUPPORT PAYMENTS; CHILD
SUPPORT DISBURSEMENT RECORD, FORM AA 450 (5/76), FOR INCENTIVE (SEIF) PAYMENTS
REFERENCE:

Effective July 1, 1976, SEIF reimbursement will change from 33.75% to 27.75% of recoupment from child support collections in accordance with Section 15200.1 and 15200.2 of the Welfare and Institutions Code.

Form CS 800 (7/76), Summary Report of Child Support Payments, has been revised to incorporate the new SEIF reimbursement percentages. The use of the revised CS 800 (7/76) is effective with the August, 1976 claim which is for payments received during July, 1976.

If child support collections or adjustments to child support collections made on or before June 30, 1976 are to be claimed on the August, 1976 or subsequent claims, a separate claim (CS 800 and CS 801 payroll) must be submitted. This claim must be identified as a fiscal year 1975/76 claim, i.e., August, 1976 for Fiscal Year 1975/76. A separate claim for FY 75/76 is necessary for reporting purposes and to differentiate and process those collections that are eligible to receive SEIF reimbursement of 33.75%.

A FY 75/76 claim may be submitted on either the revised CS 800 (7/76) or the old CS 800 (2/76) if the county wants to compute the State SEIF in Section D.

The repayment sharing ratio figures have been deleted from the revised Form CS 800 (7/76). The present sharing ratios of 47% federal, 34% state, and 19% county will remain in effect for the Fiscal Year 1976/77. If there should be a change in the sharing ratio for the Fiscal Year 1977/78, you will be notified via All-County Letter.

Instructions for the preparation of the revised CS 800 (7/76) remain the same as those issued in All-County Letter 76-44 except for item A10. Although item A10, intercounty collections, appears on the revised CS 800, this reporting requirement is rescinded effective immediately. This item had been used by the claiming county to report child support collections (for welfare cases) forwarded to other California counties.

The requirement to report interstate child support collections (for welfare cases), item A11 on the CS 800, remains in effect. Interstate collections entered in item A11 are the total of all child support collections for welfare cases made by your county and forwarded to other states. This total is obtained from the county collection agency. The total of interstate collections entered on line A1 is not to be entered on line A11. Line A1 is for interstate collections received from other states.

Also, in completing the CS 800, the total collections reflected on line A1 must include unassigned and non-federal BHI collections. Although unassigned and non-federal BHI collections do not qualify for incentive payments (SEIF), the collection amount and disbursement are required for reporting purposes.

Your county will be receiving a supply of the revised CS 800 (7/76). Orders for additional forms should be submitted on a GEN 727B to:

Benefit Payments Warehouse
6150 - 27th Street
Sacramento, California 95822

Telephone: (916) 322-6250
or 322-6355

Child Support Disbursement Record

The Child Support Disbursement Record, Form AA 450 (5/76), has been developed to provide backup documentation for SEIF payments made to counties under Sections 15200.1 and 15200.2 of the Welfare and Institutions Code. The Child Support Disbursement Record will be sent out beginning with July, 1976 SEIF payments.

If the County Welfare Department, Family Support Division, or other County Department wants to be informed of the SEIF payment amount and/or backup documentation, arrangements should be made with the County Auditor/Controller since the Child Support Disbursement Record will only be sent to the County Auditor/Controller's Office.

Contact reference: Chris Belden, Rhane Turner, or Bob Wildman of the Financial Planning IV-D Section, 916/445-7046.

Sincerely,



GARY G. ADAMS
Deputy Director

cc: CWDA

SUMMARY REPORT OF CHILD SUPPORT PAYMENTS

☐ FG ☐ U ☐ BHI

County _____ Month/Year _____

	COLUMN 1		COLUMN 2		COLUMN 3		COLUMN 4
	Distribution	Case Count	Distribution	Case Count	Distribution	Case Count	
A. COLLECTIONS AND DISBURSEMENT (Rounded to Nearest Dollar)							
1. Amount collected for disbursement.							
2. Disregard							
3. Pass-on							
4. Recoupment at 25% Fed SEIF.							
5. Recoupment at 10% Fed SEIF.							
6. Recoupment unassigned							
7. Recoupment non-Fed BHI							
8. Total recoupment (A4 + A5 + A6 + A7)							TOTAL Col 1 thru 3
9. Excess remitted to family							
10. Intercounty collections.							
11. Interstate collections							

B. REPAYMENT COMPUTATION

1. Total Recoupment (Col 4, Line A8)

TOTAL	FEDERAL	STATE	COUNTY

C. RECOUPMENT - CURRENT, PRIOR, AND UNASSIGNED/NON-FED BHI

1. Total Recoupment.

2. Current

3. Prior

4. Unassigned/non-Fed BHI

	Case Count

(Column 4, Line A8)

(CS 801, 8A1 + 8A2)

(CS 801, 8B1 + 8B2)

(Case Count: CS 801 prior month collection column)

D. SEIF COMPUTATION
(FOR COUNTY USE)

1. Line A4 x .25.

2. Line A5 x .10.

3. Federal Total.

4. Line A4 x .0275

5. Line A5 x .1775

6. State Total.

For Claiming County	To Collecting County	To Collecting State	TOTAL (Col 1 thru 3)

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the distribution of child support collections reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the State Department of Benefit Payments.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts reflected herein are in accordance with authorizations for the Child Support Enforcement Program made by the county; that said amounts correctly reflect Federal Shares in the distribution reflected and that warrants therefore have been issued according to law and the rules and regulations of the State Department of Benefit Payments.

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE

Date

19__

CHILD SUPPORT DISBURSEMENT RECORD

☐ SEIF*
☐ ICIF**

	Description	Month of Claim	Program	Totals		Amount of Incentive Disbursements	Balance
				Federal	State		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							